

## OFFICIAL RESPONSES TO VENDOR QUESTIONS RFA-2020-DPHS-10-INSUR

Insurance Benefit and Medical Claims Management for Clients Living with Human Immunodeficiency Virus

No.	Question	Answer			
1.	Section 1 – Request for Services, Subsection 1.1- Purpose and Overview, Part 1.1.2 – Background, Subpart 1.1.2.4  Of the 650-700 individuals currently enrolled in NH Care Program, what percentage of the population has Medicaid, Medicare, Cobra, Private Insurance?	Medicaid only Medicare only Dual eligible Private Insurance Uninsured Total	25% 17% 15% 32% 11% <b>100%</b>		
2.	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.1, Subpart 1.2.1.4  How many payments were made to Providers, on average, per Month for these services in 2019?	Тур	oe of Claim	# of Claims in CY 2019	Ave # of Claims Per Month
		Lab Procedure		220	18
		Medical Visit		477	40
		Health insurance	co-payments	1535	128
		Health insurance	deductibles	<u>548</u>	<u>46</u>
		Total		2,780	232

## New Hampshire Department of Health and Human Services Insurance Benefit and Medical Claims Management for Clients Living with Human Immunodeficiency Virus



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		Invoices and bills for medical services are mailed to clients, some of whom deliver them to a case manager.		
3.	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.1, Subpart	The selected vendor must collect invoices from clients, case managers and providers.  The invoices may be in the form of standard 1500 EOBs or other		
	1.2.1.4.3	formats.		
	How is the State currently obtaining this information for the Ub-40 Form Appendix H?	The selected vendor must enter bill payment information and process appropriate payments, including insurance premiums, as applicable.		
4.	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.1, Subpart	All premium payments are due to the insurer prior to the start date of the coverage.		
	1.2.1.7	After the initial payment, there is a 30-day grace period for premium		
	What is the deadline HIV Case Managers have to submit outstanding invoices we would not have	payments per the Affordable Care Act.		
	access to (COBRA Plans, Private Insurance)?	Invoices for payment must be sent for processing early enough to ensure on-time payment, regardless of the grace period.		
	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.1, Subpart 1.2.1.12  How many claims payments were submitted, by category (Private insurance, Medicare Supplement, Medicare Part D and COBRA), during 2019?	Private 1,037		
		Medicare Supp 670		
		Medicare Part D 359		
5.		COBRA 19		
		Total 2,085		
		Claims for medical services by type of provider NA.		
6.	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.4	No.		
	Is there a limit to the number of user logins that			



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No.	Question	Answer
	the applicant may obtain for the CAREWare System.	
7.	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.7  How many uninsured claims were processed in 2019 and many does the Department expect in 2020?	There were 1,279 claims for uninsured clients processed during calendar year 2019. A similar number are anticipated in 2020.
8.	Section 1 – Request for Services, Subsection 1.2- Scope of Services, Part 1.2.9  a) What was the number of dental claims submitted in 2019?  b) Is the Department open to alternative funding solutions for the payment and processing of Dental claims?	a) a) 398 b) Yes.